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## \*BIBDATASHEET\*

CONFIRMATION NO. 6758

Bib Data Sheet

SERIAL NUMBER 10/068,466	FILING DATE 02/05/2002  RULE	CLASS 707 ✓	GROUP ART UNIT 2175 ✓	ATTORNEY DOCKET NO. 200302250-1
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APPLICANTS

Sally Elaine Saffer, Andover, MA;  
 Mario J. Broodbakker, Barneveld, NETHERLANDS;  
 Raymond J. Laliberte, Derry, NH; John F. Reed JR., Nashua, NH;

\*\* CONTINUING DATA \*\*\*\*\*  
*none* *new*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none* *new*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/27/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Belirli</i> <i>OWH</i> <i>OWH</i> Examiner's Signature Initials	STATE OR COUNTRY MA ✓	SHEETS DRAWING 17 ✓	TOTAL CLAIMS 73 ✓	INDEPENDENT CLAIMS 9 ✓
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ADDRESS  
 IP Administration  
 Legal Dept., M/S 35  
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 P.O. Box 272400  
 Fort Collins, CO  
 80527-2400

TITLE  
 Operational data store

FILING FEE  RECEIVED 2328	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 6758

<b>SERIAL NUMBER</b> 10/068,466	<b>FILING DATE</b> 02/05/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2167	<b>ATTORNEY DOCKET NO.</b> 0918.2053-000
<b>APPLICANTS</b> Sally Elaine Saffer, Andover, MA; Mario J. Broodbakker, Barneveld, NETHERLANDS; Raymond J. Laliberte, Derry, NH; John F. Reed JR., Nashua, NH;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/27/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 73	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 021005				
<b>TITLE</b> Operational data store				
<b>FILING FEE RECEIVED</b> 2328	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	